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FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 5/15/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445391	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANCHESTER HEALTH CARE CENTER	395 INTERSTATE DRIVE MANCHESTER, TN 37355

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridor doors. The findings include: Observation of the storage room located next to room 106 on 3/29/11 at 9:20 AM, revealed the door was being held open with a peg. National Fire Protection Association (NFPA 101, 7.2.1.8.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 018	**K018** On 3/29/11, immediate correction included closing the storage door next to Room 106. All residents have the potential to be affected by this deficient practice. The Director of Environmental Services was inserviced by the facility Administrator on 3/29/11 regarding the regulation NFPA 101,7.2.1.8.1. and its importance. Regarding measures put into place to ensure others will not be affected by this practice; an inservice will be conducted to staff members on 4/14/11 and 4/15/11 by the RN Nurse Educator to discuss the regulation of NFPA 101,7.2.1.8.1. and the importance of keeping closet doors closed. As for monitoring to ensure identified practice does not recur, daily walking rounds will be completed by the housekeeping staff. Additionally, walking rounds will be conducted by the Administrator Monday through Friday to ensure compliance with this regulation. All findings will be reported to the Safety Committee Meeting monthly. The Safety Committee consists of the Plant Operations Staff, Director of Environmental Services, RN QA Coordinator, Director of Nursing, Administrator, and Dietary Manager.	4/15/11
K 029	NFPA 101 LIFE SAFETY CODE STANDARD	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rachel Anderson — TITLE: Administrator — (X6) DATE: 4/12/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029 SS=D	Continued From page 1 One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the hazardous areas. The findings include: Observation of the mechanical room on 3/29/11 at 11:`15 AM, revealed a penetration in the ceiling. National Fire Protection Association (NFPA) 101, 19.3.2.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 029	**K029** Immediate correction included sealing the penetration in the mechanical room with fire caulking. This occurred on 4/1/11 by the Maintenance Director. The entire building was inspected for ceiling penetrations on 4/1/11 by the Plant Operations staff. As for measures put into place to ensure practice does not recur, an inservice was completed by the facility Administrator with Plant Operations Staff and Environmental Services staff on April 7, 2011 to consistently monitor for ceiling penetrations. Any deficiencies noted should be immediately reported to the Director of Plant Operations for repair. As for monitoring to ensure identified practice does not recur, daily walking rounds will be completed by the Environmental Services staff. Additionally, walking rounds will be conducted by the Plant Operations staff Monday through Friday to ensure compliance with this regulation. All findings will be reported to the Safety Committee Meeting monthly. The Safety Committee consists of the Plant Operations staff, Environmental Services Director, RN QA Coordinator, Director of Nursing, Administrator, and Dietary Manager	4/7/11
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are	K 050		

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K 050	Continued From page 2 conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed the fire drill. The findings include: Observation during the fire drill on 3/29/11 at 10:42 AM, revealed the staff did not announce code red, location of the fire, and failed to activate the fire alarm system. National Fire Protection Association (NFPA) 101, 19.2.3 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 050	**K050** Corrective action included immediate inservicing of the staff member responding to the fire drill on 3/29/11 regarding proper procedure for fire drills including announcing code red, location of the fire, and activating the fire alarm system. All residents have the potential to be affected by this practice. Therefore, an inservice was completed with the staff working in the building on 3/29/11 regarding the deficient practice by the Plant Operations staff. As for measures put into place to ensure practice does not recur, fire drills will be conducted 3 x weekly for 4 weeks by the Director of Plant Operations and/or RN Nurse Educator. Following this, fire drills will be completed 3 x monthly. Results of the fire drills will be monitored by the Director of Plant Operations and reported to the Administrator weekly. All findings will be reported to the Quality Assurance meeting monthly for analysis of findings. The Quality Assurance team consists of the following: Medical Director, Administrator, DON, RN QA Nurse, RN Nurse Educator, and Social Services Director.	4/11/11
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the sprinkler system. The findings include: Observation of the storage room by room 106 on 3/29/11 at 9:28 AM, revealed boxes stored within	K062	**K062** Immediate correction included moving the boxes in the storage room by Room 106 stored within 18 inches of the sprinkler on 3/29/11. This was completed by the Plant Operations staff. All residents have the potential to be affected by this practice. Therefore, an inservice was completed with the staff working in the building on 3/29/11 regarding the deficient practice by the Director of Plant Operations. Regarding measures put into place to ensure others will not be affected by this practice; an inservice will be conducted on 4/14/11 and 4/15/11 to discuss the regulation of boxes being stored 18 inches of the sprinkler.	4/15/11

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K 062	Continued From page 3 18 inches of the sprinkler. National Fire Protection Association (NFPA) 13, 5.5.6 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 062	As for monitoring to ensure identified practice does not recur, daily walking rounds will be completed by the housekeeping staff. Additionally, walking rounds will be conducted by the Administrator Monday through Friday to ensure compliance with this regulation. All findings will be reported to the Safety Committee Meeting monthly. The Safety Committee consists of the Maintenance Director, Environmental Services Director, RN QA Coordinator, Director of Nursing, Administrator, and Dietary Manager.	
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the heating, ventilating, and air conditioning system. The findings include: Observation of the 100 public shower room on 3/29/11 at 9:35 AM, revealed a closet used for bio hazard storage. The closest door had an opening above the door not allowing the room to maintain negative air pressure. National Fire protection Association (NFPA) 101, 19.5.2.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/29/11.	K067	**K067** Immediate correction involved an inservice with the Environmental Services Staff on 3/29/11. All residents have the potential to be affected by this practice. Therefore, an inservice was completed with the Plant Operations staff on 3/29/11 regarding the need for the biohazard room to be closed in. Regarding measures put into place to ensure others will not be affected by this practice; the closet used for biohazard storage was altered and closed in by the Plant Operations staff on 4/8/11. As for monitoring to ensure identified practice does not recur, daily walking rounds will be completed by the housekeeping staff. Additionally, walking rounds will be conducted by the Administrator Monday through Friday to ensure compliance with this regulation. All findings will be reported to the Safety Committee Meeting monthly. The Safety Committee consists of the Maintenance Director, Environmental Services Director, RN QA Coordinator, Director of Nursing, Administrator, and Dietary Manager.	4/12/11
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2			

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K 147	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical system. The findings include: Observation of the corridor by room 302 revealed an open space in the electrical panel. National Fire Protection Association (NFPA) 7-, 110-12(a) This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/29/11.	K 147	**K147** Immediate correction involved placing a cap in the open space in the electrical panel by room 302 to comply with NFPA 7-,110-12(a). This was performed by the Plant Operations Staff. All residents have the potential to be affected by this practice. All electrical boxes were inspected for open spaces on 3/29/11 by the Plant Operations staff. Regarding measures put into place to ensure others will not be affected by this practice; an inservice was completed with the Plant Operations Staff on 3/29/11 regarding open spaces in the electrical panel. This was completed by the Plant Operations Director As for monitoring to ensure identified practice does not recur, daily walking rounds will be completed by the Plant Operations staff Monday through Friday. Results will be reported to the Administrator weekly to ensure compliance with this regulation. All findings will be reported to the Safety Committee Meeting monthly. The Safety Committee consists of the Maintenance Director, Environmental Services Director, RN QA Coordinator, Director of Nursing, Administrator, and Dietary Manager.	3/29/11